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## \*\* CONTINUING DATA \*\*\*\*\*

*no* *RF*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

*none* *RF*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 08/08/2001

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	SWEDEN	5	28	2
Verified and Acknowledged	<i>R</i> <i>Examiner's Signature</i>	<i>3/2/04</i> <i>Initials</i>			

## ADDRESS

23932

## TITLE

Dynamic Handling of orphan cells

FILING FEE RECEIVED 984	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees ( Filing )
		<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
		<input type="checkbox"/> 1.18 Fees ( Issue )
		<input type="checkbox"/> Other _____
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